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DECLARATION FOR UTILITY OR		1 - 7 - 7						
DECLARATION FOR STIER 1 OK	First Named Inventor	Tyler T. Parhan						
PATENT APPLICATION	COM	PLETE IF KNOWN						
	Application Number							
(37 CFR 1.63)	Application regimes							
Declaration Declaration	Filing Date							
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Filing (37 CFR 1.16 (e)) required)	Examiner Name	<u> </u>						
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I hereby declare that:								
Each inventor's residence, mailing address, and citizenship an	e as stated below next to the	neir name.						
I believe the inventor(s) named below to be the original and fir	st inventor(s) of the subjec	t matter which is claimed and for						
which a natent is sought on the invention entitled:	·							
/	11	111-015-6-						
Multi-Player secondary Gaming Method and System								
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•	he Invention)							
the specification of which								
is attached hereto	•							
								
OR								
was filed on (MM/DD/YYYY) 11/12/2003 as United States Application Number or PCT International								
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Liberature that I have reviewed and understand the conte	nts of the above identified :	specification, including the claims, as						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
	otorial to natentahility as	defined in 37 CFR 1.56, including for						
I acknowledge the duty to disclose information which is m continuation-in-part applications, material information which	hecame available between	the filing date of the prior application						
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Inventor's Signature	tot	>					Date 11/11/2003
Residence: City	Nevad	α	Country ()	SA		Citizen	ıship
Mailing Address 1205 Haskell St							
City Reno	State Weva	da	ZIF	_	29		Country U.S.A
NAME OF SECOND INVENTO	R:			petition h	as beer	filed f	or this unsigned inventor
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Additional inventors of a legal fi	presentative are being named	on the	supplemental	sheel(s) PT	O/SB/02A	or O2LR	attached herelo.

PTO/SB/81 (09-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number Filing Date **POWER OF ATTORNEY** First Named Inventor and Title **CORRESPONDENCE ADDRESS** Art Unit INDICATION FORM Examiner Name Attorney Docket Number I hereby appoint: Practitioners associated with the Customer Number: Practitioner(s) named below: Registration Number Name WAMU FIDEL as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith, Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or DON PLACE Individual Name Address Address State Ζip City Country Fax Telephone am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Signature Telephone Date NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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